Virginia Department of Behavioral Health & Developmental Services
Virginia Individual Development Disabilities Eligibility Survey (VIDES) Request Form

VIDES Request Form Instructions

- *The facility Social Worker or Designee completes the VIDES Request Form for individuals seeking placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).*
- *Submit the VIDES Request Form via secure email to: Vides.request@dbhds.virginia.gov.*

Date of Request: Enter date
Reason for Request: Enter reason

Contact Information		
Facility: Enter ICF/IID	**Facility Address:** Enter address	**Facility Region:** Select region
Facility contact: Enter facility contact	**Phone number:** Enter phone number	**Contact email:** Enter email address
Individual's full name: Enter name	**Medicaid ID:** Enter number	**Date of Birth:** Enter DOB
Current Living Situation: Type of home Other	**Address:** Enter address	**Phone number:** Enter phone number
Family/Substitute Decision Maker (SDM): Enter name		**Relationship to individual:** Select one
Address: Enter address	**Phone number:** Enter phone number	**Email:** Enter email address
Name of person requesting admission for the individual: Enter name		**Relationship to individual:** Select one
Address: Enter address	**Phone number:** Enter phone number	**Email:** Enter email address

Have you contacted the *home Community Services Board/Behavioral Health Authority (CSB/BHA)? Select one *(*refers to the local CSB/BHA of the individual's home address)*

Name of CSB/BHA: Enter name	CSB/BHA Contact: Enter name

Has a Regional Support Team (RST) Referral been completed? Select one *(if yes, date submitted:* Enter date *)*
Has the individual been provided informed choice? Select one
Is the individual at risk for any of the following? Select one   Other

Provide any information you think may be helpful in supporting the individual's need for ICF/IID services.

Click here to enter text

Final Disposition Information (completed by Assessor)			
Date Received	Enter date	**Assessor:** Enter name	
Individual/Referring Party Contacted	Enter date	**VIDES Completed**	Enter date
Facility Notification	Enter date	**CSB Notification**	Enter date